

SUMMER 2015 INTERNSHIP APPLICATION

Note: Internships in Senator Vitter's Office are Unpaid

Personal Information:

Name:		
Address:		
City:	State: Zip:	
Home Phone number:	Cell Phone number:	
Email Address:		
Parent's Name/Address:		
Parent's Phone:		
Hometown/State:		
Education :		
College/University enrolled:		
City:	State:	
Year in school:	Expected Year of Graduation:	
Major:	GPA:	

Availability:		
Circle one or both (Summer interns work Monday – Friday, 9:00 a.m. – 6:00 p.m.):		
<u>June Session</u> : Tuesday, May 26 – Friday, June 26		
<u>July Session</u> : Monday, June 29 – Friday, July 31		
Please attach a resume and one page essay/cover letter explaining why you want to intern in the Office of Senator David Vitter. Recommendations are also welcomed		
Signature	Date signed	
I certify, to the best of my knowledge and belief that the inform	ation contained herein and	

attached to this application, is accurate, true, and complete. I understand that false or fraudulent information on or attached to this application may be grounds for not considering my application, or terminating my internship after it begins.

Completed applications can be sent by mail, fax, or email:

Senator David Vitter
516 Hart Senate Office Building
Washington D.C., 20510
Fax: 202-228-5061

Email: Julie_Dyer@vitter.senate.gov